

Moneywell Docket No. H0005624 -4580
Practitioner's Docket No. H9940-0505

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Paradis et al.

Application No.: 10/602459

Group No.: 1771

Filed: June 23, 2003

Examiner: Matthew D. Matzek

For: FIBER AND YARN BLENDS, METHODS OF PRODUCTION AND APPLICATIONS
THEREOF

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that a one month extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

*(When using Express Mail, the Express Mail label number is **mandatory**;
Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

☒ deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

37 C.F.R. § 1.8(a)

☒ with sufficient postage as first class mail.

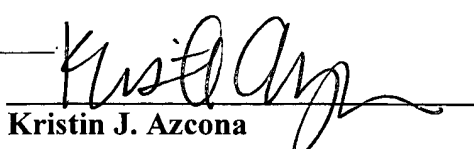
37 C.F.R. § 1.10*

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Mailing Label No. _____

TRANSMISSION

☐ facsimile transmitted to the Patent and Trademark Office, (703) _____ - _____

Date: **March 15, 2006**


Kristin J. Azcona

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY				
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA			RATE		ADDIT. FEE
TOTAL	27	—	59	=	0	x \$	50.00	= \$ 0.00
INDEP.	1	—	3	=	0	x \$	200.00	= \$ 0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+	\$ 360.00	= \$ 0.00
TOTAL ADDIT. FEE								\$ 0.00

No additional fee for claims is required.

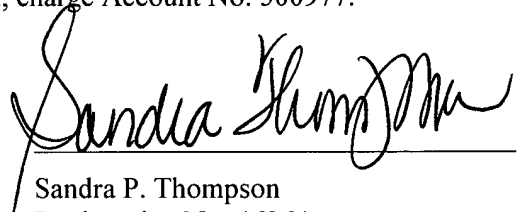
5. Please charge deposit Account No. 500977 for the one month extension fee of \$120.00.

FEE DEFICIENCY

6. For any additional extension and/or fee is required, charge Account No. 500977.

For any additional fee for claims is required, charge Account No. 500977.

Date: March 14, 2006



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